Fill in	this information to identify your case:				lirected in this form and	l in Form
Debt	or 1 David A. Stebbins		122A-1Su	pp:		
Debt (Spou	or 2		■ 1. T	here is no pres	umption of abuse	
	ed States Bankruptcy Court for the: District of Massach	nusetts	a	pplies will be r	to determine if a presul nade under <i>Chapter 7</i> icial Form 122A-2).	
(if kno	e number wn)			`	does not apply now be	ocause of
ľ	•				y service but it could a	
			☐ Ch	eck if this is a	n amended filing	
Off	icial Form 122A - 1					
Ch	apter 7 Statement of Your Cur	rent Monthly I	ncom	е		12/19
attach case i	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to what was a separate sheet to this form. Include the line number to what was a separate sheet to this form. Include the line number to what was a separate sheet to was a separate when the separate sheet and file Statement of Exempts. Calculate Your Current Monthly Income	hich the additional informati m a presumption of abuse be	ion applies. ecause you	On the top of a do not have pri	ny additional pages, wri marily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one on	ly.				
	■ Not married. Fill out Column A, lines 2-11.					
	☐ Married and your spouse is filing with you. Fill ou					
	☐ Married and your spouse is NOT filing with you.	•				
	☐ Living in the same household and are not lega	•		•		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	egally separated under non	bankruptc	/ law that appli	es or that you and you	
10 the	I in the average monthly income that you received from all station 1(10A). For example, if you are filing on September 15, the 6-mer 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p	onth period would be March 1 by 6. Fill in the result. Do not in	through Aug nclude any i	ust 31. If the ame	ount of your monthly incor ore than once. For examp	me varied during ole, if both
			Colun		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissions (before	all \$	4,374.93	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from a spouse if	\$	0.00	\$	
	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular contribution, your dependents, parents	ns s,	0.00	\$	
5.	Net income from operating a business, profession,					
		Debtor 1 \$ 0.00				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00				
	Ordinary and necessary operating expenses Net monthly income from a business, profession, or farr		e -> \$	0.00	\$	
6.	Net income from rental and other real property	<u> — сто-</u> сору пол				
5.	1131 1135 113 11311 1311 1311 1311 1311	Debtor 1				
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00				
	Net monthly income from rental or other real property	\$ 0.00 Copy here	e -> \$	0.00	\$	
7	Interest dividends and royalties		\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

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David A. Stebbins Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. \$ 0.00 0.00 \$ Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4.374.93 4,374.93 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,374.93 Multiply by 12 (the number of months in a year) **x** 12 52.499.16 12b. The result is your annual income for this part of the form 12h 13. Calculate the median family income that applies to you. Follow these steps: MA Fill in the state in which you live. Fill in the number of people in your household. 1 75.077.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ David A. Stebbins David A. Stebbins Signature of Debtor 1

Date May 31, 2022

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Debtor 1	David A. Stebbins	Case number (if known)	
	MM / DD / YYYY		

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.